

Hos

Maine Revenue Services
Hospital Tax Return



Registration No.

Period Begin

Period End

Due Date

1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ Date closed: _____

Return permit to Maine Revenue Services

3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check the type of change below.

- ☐ Incorporated ☐ Partner added or dropped
☐ Other (explain on reverse)
☐ Sold to _____

4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE? If your address above is incorrect please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Net Operating Revenue

1. _____, _____, _____. ____

Tax @ .0233

2. _____, _____, _____. ____

Remittance (multiply line 2 by 50%)

3. _____, _____, _____. ____

Payment Note: (1/2 of tax is due November 15, the balance is due on May 15)



Mail To:
Maine Revenue Service
P.O. Box 9119
Augusta, ME 04332-9119

Signature and Title

Print Name

Date

Phone #